

## NHS BLOOD AND TRANSPLANT ORGAN DONATION AND TRANSPLANTATION DIRECTORATE

### ADVISORY GROUP CHAIRS COMMITTEE

#### Update on Health Informatics

##### The National Hub Project

Following the last meeting of the Advisory Group Chairs Committee, the NHSBT Board approved taking the business case for the Hub forward to the four UK health departments to seek funding for years 2-5 of the project. A project manager, Alison Mayes, was appointed at the end of October.

At the beginning of November external IT providers were invited to present their products for a platform selection, and IBM was selected as the initial partner to develop the architecture for the new IT systems, which will be based on a Business Process Management System and Customer Relationship System.

We met with members of the IBM team on Wednesday 25<sup>th</sup> November for discussions about the platform. I had been concerned about using an off-the-shelf application for something as complex as organ matching, but when I discussed the complexities we face with the team from IBM I was encouraged to note that they both fully acknowledged these and also felt that they would be able to develop systems that could cope with them.

It was decided at an early stage in the process that the heart pathway would be the first to be developed in the Hub, as this would fit in with the plans for national heart offering and would provide an opportunity to create the necessary changes to implement a super-urgent heart offering scheme.

It has now also been decided that once the heart pathway has been developed, the next to be developed will be the liver pathway as the similarities between the matching and offering systems should allow a natural progression.

##### ***The next steps***

I will be setting up small organ-specific clinical reference groups so that we as the transplant clinicians can get what we need fitted into the plans at an early stage. Some of the opportunities arising from the Hub will also present challenges to the transplant units and may need changes in working practices, so the clinical reference groups can advise on what is feasible to ensure that the benefits of the changes greatly outweigh any new burdens.

##### **Electronic Organ Quality Forms**

A bid for funding to develop the electronic organ quality forms, to replace the paper HTA Form A and Form B, was made to the Change Portfolio Board on 19th October. The Board supported the plans in principle but did not feel they were a high priority, and that it should be integrated into the Hub at a later stage.

The CPB felt that work should progress on developing the new dataset. A small group of volunteers to help review and develop the dataset had previously been, and Rutger Ploeg and I had intended to activate this at the Clinical Retrieval Forum in December, but this has been delayed as the Clinical Retrieval Forum was postponed as many members were not available due to the expected junior doctors' strike. Once the proposed dataset for each organ has been developed by the small working groups, they can then be sent to each of the organ advisory groups for approval.

We also need to address the functionality that is required from an electronic system, and in particular whether offline capability is essential as this was a particularly expensive part of the DonorPath specification.

### **Donor Registration Transformation**

The DonorPath application, developed with the external firm Sapient, who were the developers of EOSmobile, is expected to go live early in the summer of 2016. It does not capture details of retrieval team members, which will need to be recorded separately as currently happens, and nor does it provide imaging of organs.

### **Organ images**

There has been a recent proposal from Chris Callaghan to include images of organs offered through the FastTrack scheme. The existing IT systems cannot provide an integrated method for doing this, but anonymised photographs can be taken by the SNODs using their iPads and forwarded via the Duty Office to email addresses within the NHS network.

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